



Arizona Department of Transportation
CONFIDENTIAL
Employee Discrimination Incident Report

CR- _____ - _____ - _____

Name		Job Title	Work Telephone
Org Code	Position Number	Supervisor's Name/Telephone Number	
If Applicable, Name of Representative		Title	Organization

Complaint of alleged discrimination based on: Check appropriate box(es)

Race	Color	Sex
National Origin	Age	Equal Pay
Retaliation	Religion	Pregnancy
Disability	Other (Specify) _____	

Date of occurrence:

Explain the problem in detail. Include all important information documentation, such as dates, places, etc. Use attachments to explain the problem, if necessary. DO NOT use the reverse side of this form.

What do you suggest be done to correct this problem?

Employee's Signature: _____ Date: _____